



## Counselor in Training

The counselor in training program is for students that have finished their freshman year in High school.

You are only guaranteed 1 two-week session. Please make sure to list the sessions on the application in order of preference. If you do not fill in the order we will decide which session. This will give you a total of approximately 60 hours community service.

There are NO make-ups.

You may be asked to stay for the remainder of the summer, but that will be based on your performance during your 2-week session.

Letters will be sent out towards the end of May confirming which week we were able place you.

There is a MANDATORY orientation meeting on June 3<sup>rd</sup> in the Municipal Center. When you receive your letter it will inform you of the time.

**\*\*You must include an essay on why you believe the Counselor in Training program is important to both you and the participants\*\***

# BETHEL PARKS & RECREATION

Clifford J. Hurgin Municipal Center, 1 School Street, Bethel, CT 06801  
Phone: 203-794-8531 Fax: 203-778-7519

## COUNSELOR IN TRAINING

\_\_\_\_\_  
Last Name First Name

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Education:

High School

9 10 11 12

References: Give name, address, telephone number of three references who are not related to you:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Work experience: (include babysitting, raking leaves etc.)

\_\_\_\_\_

\_\_\_\_\_

Special skills: (first aid, babysitting classes)

\_\_\_\_\_

\_\_\_\_\_

**\*\*Please list sessions in order preferred (#1 being first choice)**

Session 1 (June 26-July 7) \_\_\_\_\_ Session 2 (July 10-July 21) \_\_\_\_\_ Session 3 (July 24-Aug. 4) \_\_\_\_\_  
(no camp on July 4<sup>th</sup>)

Agreement: I certify that answers given herein are true and complete to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*You must include an essay on why you believe the Counselor in Training program is important to both you and the participants\*\***



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### **Counselor in Training Personal Reference Form**

To be completed by an adult (**not a relative**) who has known the applicant for one year or more.

Applicant's Name: \_\_\_\_\_

How long have you know the applicant and in what capacity?

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Do you think the applicant would be a good caregiver for children? Why?

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Do you find the applicant to be:

Dependable? \_\_\_\_\_

Trustworthy? \_\_\_\_\_

Honest? \_\_\_\_\_

Do you think the applicant would be a positive role model for children? Why?

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Do you feel the applicant uses mature judgment?

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Is there anything else you would like us to know about the applicant?

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Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_